

NEW MEMBER FORM

Donation by New Member
Donation by Substitute Donor

New Member Number:

(Will be assigned by Masonic Blood+Organ Donor Club)

Please print and complete the following information legibly and completely.

NEW MEMBER INFORMATION

Lodge/Group Name

Lodge/Group Number

First Name

M.I.

Last Name

Title (Sr./Jr.)

Email

Phone

Date of Birth

Address

City

State

Zip

Spouse's First Name

M.I.

Spouse's Last Name

Date of Birth

DONATION INFORMATION

Name of Blood Collection Agency

Donation Date

Substitute Donor Name (if applicable)

SUBSTITUTE DONOR DOES NOT NEED TO BE MASONIC AFFILIATED

First Name

M.I.

Last Name

Title (Sr./Jr.)

Mail completed form to:

Masonic Blood+Organ Donor Program
C/O Gary Davis, P.D.D.G.M., Secretary
224 Red Haven Drive
North Wales, PA 19454-1439